



Senior Dental Advisory Committee **October 9, 2014** **Meeting Minutes**

PRESENT	ABSENT	GUESTS
Linda Reiner	Keith Clear	Chandra Vital - HCPF
Sally Ryman	Carol Niforatos	Jen Weaver – AG Office
Matilda Bottenbley		Anne Barleis
Diane Brunson		Marija Weeden-Osborn
Todd Coffey		
Karen Reiplinger		
Alan Kislowitz		
Thomas Lavery - Phone		
Nancy Dolson – HCPF		Cynthia Miley - HCPF

Approximate Time	Topic	Lead
3:00 – 3:10	<input type="checkbox"/> Welcome and Introductions <input type="checkbox"/> Review and approve minutes	<i>Chair Linda Reiner</i>
3:10 – 4:15	<input type="checkbox"/> Continued committee review: <input type="checkbox"/> Definition of eligible senior o Economically disadvantaged <input type="checkbox"/> Covered services and allowable fees o OAP Dental Grant crosswalk with Medicaid dental fee schedule <input type="checkbox"/> Revised draft request for grant proposals	<i>Nancy Dolson, HCPF</i>
4:15-4:30	<input type="checkbox"/> Public Comment	
4:30 – 5:00	<input type="checkbox"/> Committee action items: o Eligible Senior Definition o Covered Services and Fees <input type="checkbox"/> Wrap up and Adjournment	<i>Committee Members</i>
Next Meeting: October 23, 2014; 3:00 to 5:00 PM 225 East 16 th Avenue, Denver, CO 80203 Conference Room 6 A/B		

Linda Reiner called the meeting to order at 3:03 p.m.

Diane Brunson motioned to approve minutes as amended, **Sally Ryman** seconded. Motion passed.

Presentations:

Covered Services and Allowable Fees

- OAP Dental Grant and Medicaid crosswalk has been revised to only include the Medicaid procedures that are applicable to adults. Included the percent difference between the Medicaid rate and the current OAP dental rate
- Consensus from group was to use the existing OAP dental procedures, fees and copayments
- OAP and Medicaid rate average difference is 71%,
 - o We took 71% above the Medicaid rate and that is the maximum allowable fee that is suggested
- Most services that are \$500-\$600 in fees have a \$50 maximum copayment, fees of \$800 or more have an \$80 copayment
- **Diane Brunson** – Don't agree with rationale that the copay for a molar root canal it jumps up \$30. Feels to me that it shouldn't matter which tooth or root the copay should be the same
- **Sally Ryman** – In rural communities there will be a cost of getting to a dentist, some areas don't have dentists at all so the cost of travel and the copay begins to become a problem for low income seniors
- Looking at CDPHE program guidelines, the provider could charge up to but no more than the maximum copayment amount and the provider would be reimbursed the maximum allowable fee. It is up to the provider to collect the copayment
- In the bill it is up to this board to recommend to the Medical Services Board whether to require seniors to make a copayment, the circumstances and the amount
- **Diane Brunson** – Would like to suggest that a maximum patient copay that providers cannot exceed but it is not mandatory to collect it if it is a barrier to care. Should be part of the grant application itself, how the provider will handle the copay issue
- Medicare Savings Program individuals are between \$990-\$1200 per month, around 100%-120% FPL

Definition of an Eligible Senior

- How do we make sure funding is distributed throughout the state
 - o Can take percentage of population for each region that is potentially eligible to 185% of FPL then divide the funds
- Medicare savings program individuals are not eligible for Medicaid or any other program
- The Attorney General's office is reviewing how the state lawful presence law will affect this program, the intention of the bill is to not limit the program based on documentation status
- **Todd Coffey** – Seems like the funds distribution is fair across the state
- **Sally Ryman** – Should we further do a percentage breakdown by county? What potential would the money come out of if individuals from one county receive services in a different county? If dentists themselves are grantees how are they accounting for the geography of their patients

- If we get a lot of applications covering one county then it becomes a decision on do we fund more for that county and short another county or do we take the best application from that county and make sure there is still funding for the other counties
- Can also discuss allowing the grantees to consider criteria other than just income in determining who to serve
- **Diane Brunson** - The number of seniors that can actually be served with \$3 million is very small. Might want to take those who are eligible and prioritize and be able to give the larger rural areas some flexibility

Draft Request for Grant Proposals

- Under economically disadvantaged, a person whose income is at or below 250% FPL
- If want grantees to have flexibility could include that grantees may use additional criteria to target those most in need
- Have grantees state in application how they will prioritize within their community
- Should this be an annual application process or do we want to be able to option the application for no more than 4 years
 - o Would have the ability to not option if the grantee is not performing
- **Todd Coffey** - Procurement process is long and hopefully have an established network as the program goes on
- **Diane Brunson** - how much money do providers need to hold for those seniors who are seeking treatment during the change of the fiscal year
- **Todd Coffey** - Also consider those providers who are in the middle of services when their contract runs out
- Grantees must invoice and report to the Department on a monthly basis and submit an annual report following the end of the grant period
- **Linda Reiner** - Think about who meets criteria and build grant application to appeal to them
- Mandated to accept application from any qualified grantee. Qualified grantees are pretty open but we can give preference to qualified grantees who demonstrate collaboration with community organizations
- Most efficient is to work with those who already have connections in the community
- All services will need to be provided by June 30th the end of the state fiscal year
- **Todd Coffey** – If we are not going to break this out by RCCO do we want to ensure regional availability of providers
- **Diane Brunson** – In the Dental Loan Repayment Program they have wording something like, a key criteria is geographic distribution
- Our key criteria or preferences can be shown on the application
- Our procurement office prefers to not have scores but rather a comparative analysis
- Legislation allows for 7%, under DPHE's current dental program says it can't be more than 10% without specifying what they cost are.
- **Todd Coffey** – No more than 7% including all indirect costs, some people don't associate indirect with administration
- Under the budget section
 - o Include detailed budget
 - o Administrative cost, overhead or indirect costs
 - o Include estimated total number of eligible seniors to be served
- **Linda Reiner** – Do we want to ask for things like YTD financial statements to see if we are funding a facility that is at financial risk
- Grantee will need to submit reports, monthly invoicing

- Must have a deliverable before we can make a payment

Public Comment

- **No Public Comment**

Action Items

- **No Action Items**

The meeting was adjourned at 4:49 pm.

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Conference Room 6 A/B